



3626

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/698,787

Filing Date October 27, 2000

First Named Inventor Victor Levy

Art Unit 3626

Examiner Name Pass, Natalie

Attorney Docket Number 50251-1

ENCLOSURES (Check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/ Incomplete Application

☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☒ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ Landscape Table on CD

☐ After Allowance Communication to TC

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name VANTAGE LAW PLLC

Signature *Bruce A. Kaser*

Printed name Bruce A. Kaser

Date 8/26/2005

Reg. No. 31351

CERTIFICATE OF TRANSMISSION/MAILING

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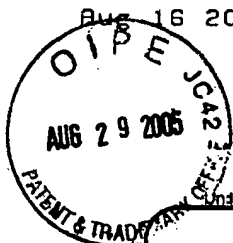
Signature *Bruce A. Kaser*

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Date 8/26/2005

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PTO/SB/82 (04-05)
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------------|
| Application Number | 09/688,787 |
| Filing Date | October 27, 2000 |
| First Named Inventor | Victor Levy |
| Art Unit | 3626 |
| Examiner Name | Fass, Natalie |
| Attorney Docket Number | 50261-1 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000055529

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

000055529

OR

| | | | | | |
|--|----------------------------------|-------|----------------------|-----|-------|
| <input type="checkbox"/> Firm or Individual Name | VANTAGE LAW PLLC | | | | |
| Address | 355 NW Gilman Blvd. Suite 203 | | | | |
| City | Issaquah | State | WA | Zip | 98027 |
| Country | USA | | | | |
| Telephone | (425) 391-8758 | Email | bruce@vantagelaw.net | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|-------------|-----------|----------------|
| Signature | | | |
| Name | Victor Levy | | |
| Date | 8/17/05 | Telephone | (727) 443-5211 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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